

Focal nodular hyperplasia of the liver (FNH)

It is of unknown etiology. The association with oral contraceptive pills is not well established & no firm data link pregnancy & change in the signs & symptoms of FNH.

- ❖ FNH predominantly (80-45%) diagnosed in female during their 3rd- 5th decade of life.

Clinical features

Usually asymptomatic & discovered incidentally.

Investigations

FNH is focal overgrowth of functional liver tissue supported by stroma. It has prominent surface vasculature. The cut section shows the stellate scar with radiating fibrous septa that divide the lesion in to lobules.

1. Ultrasound shows solid mass.
2. CT scan with contrast shows the characteristic stellate scarring & evidence of well vascular lesion.
3. FNH contain hepatocytes & kuppffer cells, the latter take up the sulphur colloid differentiating FNH from either benign adenoma or primary or metastatic CA (non of which contain significant number of kuppffer cells). This scan is called sulphur colloid liver scan.
4. MRI is the most sensitive test.

Treatment

- ❖ Most cases require no treatment.

Indications for resection are.

1. Symptomatic tumour. 2. Inability to exclude malignancy.
- ❖ If the diagnosis is known, enucleation is sufficient. Other wise, formal resection is required.
 - ❖ If asymptomatic tumour & the diagnosis can be confidently made on imaging criteria, a trial of close observation with repeat imaging every 3-4 months is warranted. Resection should be considered if symptoms develop or the lesion enlarges.

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